Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Dave Jones for Insurance Commissioner 20	010	Date of This Filing05/05/2010	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (916)486-9399	I.D. NUMBER (if applicable) 1314000	Report No050510-1		For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 1 of 2		
CITY Sacramento	STATE ZIP CODE CA 95864	(explain below) No. of Pages 2			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2010	AFSCME Washington, DC 20036 ID# C00011114	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$12,900.00
05/05/2010	CA Conference Board Amalgamated Transit Union Sacramento, CA 95828 ID# 761357	☐ IND ■ COM □ OTH □ PTY □ SCC		\$1,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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LATE CONTRIBUTION REPORT

NAME OF FILER Dave Jones for Insurance Commissioner 2010 AREA CODE/PHONE NUMBER (916)486-9399 STREET ADDRESS CITY		I.D. NUMBER (if applicable) 1314000 STATE ZIP CODE		Date of This Filing	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
Sacramento		STATE CA	95864	No. of Pages		
Late Contrib	oution(s) Made					
DATE MADE		FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC